


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90182 048 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N06937</b>					
1. Corporation Name <b>BAY LODGE ASSOCIATION</b>					
Principal Place of Business <b>C/O MICHAEL H. SILVERMAN</b> <b>15639 BEAR CREEK DR.</b> <b>TAMPA FL 33624</b> <b>US</b>			Mailing Address <b>C/O MICHAEL H. SILVERMAN</b> <b>15639 BEAR CREEK DR.</b> <b>TAMPA FL 33624</b> <b>US</b>		



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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>		3. Date Incorporated or Qualified <b>12/31/1984</b>	
		4. FEI Number <b>59-2553948</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	

9. Name and Address of Current Registered Agent <b>SILVERMAN, MICHAEL H</b> <b>15639 BEAR CR DR</b> <b>TAMPA FL 33624</b>				10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SWEAT, J PASCO			1.2 NAME			
STREET ADDRESS	PO BOX 507 N/A			1.3 STREET ADDRESS			
CITY-ST-ZIP	BALM FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, ARTHUR C			2.2 NAME			
STREET ADDRESS	119 9TH ST BELLEAIR BEACH			2.3 STREET ADDRESS			
CITY-ST-ZIP	INDIAN ROCKS BCH FL			2.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SILVERMAN, MICHAEL H			3.2 NAME			
STREET ADDRESS	15639 BEAR CR DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AKEY, MARK A.			4.2 NAME			
STREET ADDRESS	4221 N. FLORIDA AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FREEMAN, JACK C			5.2 NAME			
STREET ADDRESS	3614 W PEARL ST			5.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael H. Silverman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 903 933 2195  
 Date Laytime Phone #

CR2E037 (1/98)